

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X678

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishm	ent Name	1	11 0 1 .1	Telephone Number	Date of Inspection PERMIT #		PERMIT#
	F	<i>\</i>	Nice Restaurant	812-923-7770	(mardary	·)	19-
Establishment Address (number and street, city, state, zip code)					0/10	119	1 1
424	l / a	Fa/	lette Station Floyds Knobs 47119	, in the second of the second	/ / / ˈ	$f^{(i)}$	W2
Owner O						<u> </u>	05
Bobbie Wills				Purpose:	Follow-up Release Date		
				1. Routine	NO 10 days		
Owner's Address				2. Follow-up	Summary of Violations:		
l 4,	04 /	1	Follette Station	`	Summary of Violations,		
Person in C	Charge	· (x)	3 7 3 7 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3	3. Complaint	0/21		
		1/2	end Koopman	4. Pre-Operational	$C \supset NC \subset R$		
	W 4 1	700	(*ig 1\00pria)	5. Temporary			
Responsibl	e Person's	E-ma	ıil		Menu Ty	pe (See back	of page)
			<u> </u>	6. HACCP			
Certified F	ood Manag	ger		7. Other (list)	1 2	3 V	4 5
	B166	10	Wills 7-17-22				
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative Narrative				rrected By
304	NC	R	Observed plastic cups at	service Stati	29	70d	x1/
				Allow CUPS		, <u>- </u>	
<u> </u>			Delig Stocked while wil	, MIIOW COPS			
			to air ary,	·	_ · ·		
413	13 NC Observed back door paped open.					2 W	peks
<u> </u>	700	 		10000000		2 W	C C / \ 3.
- it door needs to remain open a							
			screen door should be in	octailed			
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